



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 Capitol Avenue, Hartford, CT 06106
(860) 713-2508

License # UP-

☐ NEW \$250.00

☐ RENEWAL \$250.00

License
Expiration: 6/30/2004

ASEPTIC/UP/UHT MILK PLANT LICENSE APPLICATION

☐ ASEPTIC

☐ ULTRA- PASTEURIZED

☐ ULTRA HIGH TEMPERATURE

I/we hereby apply for a license to sell and or distribute Aseptic/UHT or Ultra-Pasteurized milk or milk products in the State of Connecticut in accordance with and subject to the provisions of Section 22-195 of the Connecticut General Statutes and regulations of the Milk Regulation Board. The licensee is required to notify the Department of Agriculture within 48 hours of any change in trade name, location, sale or transfer of ownership. The license period shall be from July 1st to June 30th following, inclusive. Check or money order, payable to the "Commissioner of Agriculture" must accompany the application.

RENEWAL APPLICATION FORM, RENEWAL APPLICATION CARD AND PAYMENT MUST BE RECEIVED ON OR BEFORE JUNE 30th

NOTE: Licenses for New and Renewal applications cannot be processed if: required payment is not submitted with the application; the application is incomplete; and/or the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) is not provided. Incomplete applications and submitted payments will be returned for completion and resubmission.

Please PRINT or TYPE

Federal Employer
Identification
Number: _____

Social
Security
Number: _____

BUSINESS NAME

TELEPHONE NUMBER

STREET ADDRESS

TOWN/CITY

STATE

ZIP CODE

MAILING ADDRESS (if different than business address)

TOWN/CITY

STATE

ZIP CODE

Check One Box:

☐

SOLE PROPRIETOR/ INDIVIDUAL OWNER

☐

PARTNERSHIP

☐

L.L.C.

☐

CORPORATION

NAME OF LICENSEE (Name of Owner; Name of Partnership; Name of L.L.C. or Name of Corporation)

E-MAIL ADDRESS

NAMES OF PARTNERS, L.L.C. MEMBERS OR CORPORATION OFFICERS

Do you make direct deliveries from your processing plant to accounts in the State of Connecticut?

☐ Yes

☐ No

List the names and location of these accounts: _____

Are your products sold/distributed in Connecticut by dealers located out of the State of Connecticut?

☐ Yes

☐ No

List the names and location of these dealers: _____

(Print Name of Applicant)

(Signature of Applicant)

(Title)

(Date)

AREA BELOW FOR OFFICE USE ONLY:

.pdf

Fee: Amount Received	Check or Money Order Number	Date Processed	Transmittal Number	LICENSE EXPIRATION JUNE 30, 2004
				UP-1 Rev.5/04